MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	NO.	OCC.	NO.	OCC.	NO.	OCC.		NO.	OCC.	NO.	OCC.	NO.	OCC.
1				/			61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.							TOTAL NO.						
TOTAL OCC.							TOTAL OCC.						
TOTAL							TOTAL						